

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 857348 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2	/	/	/		
4	2	/	/	/		
5	2	/	/	/		
6	2	/	/	/		
7	2	/	/	/		
8	2	/	/	/		
9	/	/	/	/		
10	/	/	/	/		
11	/	/	/	/		
12	██████████	██████████				
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

100
TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

100
TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

100
TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS